

Guidelines for Claiming Unclaimed Property



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California State Controller

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Claims Process

A claim for unclaimed property can be initiated through the Internet, by telephone, or by mail. The State Controller's Office updates the unclaimed property records monthly, and account information can be accessed at any time. Instructions for filing a claim are described in this guide.

Internet

The State Controller's Office has developed an unclaimed property database that provides convenient, 24-hour access to individual or business accounts. Search parameters include name(s) and last known city. If an account is located, a claim form and instructions for filing a claim can be generated immediately.

The Internet database does not contain all unclaimed property accounts. The State Controller's Office receives reports throughout the year and accounts are posted to the Internet periodically. If you feel you may have other accounts that did not appear in your search, return to this site at a later date.

The database and search instructions can be accessed on the State Controller's web site, at <http://www.sco.ca.gov>. Click on "Unclaimed Property."

Telephone

To access the unclaimed property database by telephone, contact the State Controller's Customer Service Unit. California residents can call toll-free, at 800-992-4647 between the hours of 8:00 AM and 5:00 PM, Monday through Friday (except holidays). Those outside California may call (916) 323-2827. The customer service representative (CSR) will request the name to be researched and the applicable social security number, if available.

In order to locate all funds that a claimant may be owed, the CSR may ask for additional information concerning prior addresses. This information will help locate funds in the event that there are similar names on the database. The CSR generally conducts the search while the caller is on the line. If an account is located, a claim form and instructions for filing the claim are sent to the claimant. In some cases, additional documentation may be requested after initial proof of entitlement is submitted.

Mail

Requests for searches for unclaimed property may also be submitted in writing. To ensure that the requested name is researched thoroughly, the claimant's social security number and all addresses of residence must be provided. The request should be sent to:

**State Controller's Office
Bureau of Unclaimed Property
P.O. Box 942850
Sacramento, CA 94250-5873**

When a written request for a search is received, the claimant is sent notification in writing of whether or not the search located an account.

No Evidence of Account

It is possible that unclaimed property was remitted to the State Controller's Office but does not appear on the database. This occurs if the account was submitted on electronic media that was incompatible with the unclaimed property computer system or if the report is in transit.

If a claimant has been notified by a business or financial institution that property was remitted to the State Controller but it does not appear on the database, the State Controller will return the claim unpaid. This does not constitute a denial of the claim. The claimant should contact the business or financial institution that reported the property (the holder). The claimant should ask the holder to provide the date the property was reported and a copy of the report face sheet (see Appendix A-1). If this information can be obtained, it should be sent to the State Controller along with the original claim and supporting data for further research. (Note that the holder is not required to retain such records after seven years.) If no additional information can be obtained to assist the State Controller in locating the account, the claimant should visit the State Controller's website at www.sco.ca.gov or call the toll free number at a later date, as accounts are continually loaded to the database.

A holder may pay the unclaimed property directly to the claimant and then be reimbursed by the State Controller once the holder's report is corrected and loads to the computer system.

Required Documentation

Identification

To ensure that the rightful owner or heir is paid, the State Controller requires sufficient identification before a payment is authorized. The following three items must be provided:

- State Controller's Claim Form (see Appendix A-2);
- Copy of a driver's license, a Department of Motor Vehicles identification card, or a passport; and
- Documentation verifying the claimant's social security number or federal tax identification number or (if open estate) federal tax identification number.

If the owner is deceased, one or more of the following documents must be provided for identification in addition to the three listed above:

- Birth certificate of account owner and heir(s);
- Death certificate of account owner and heir(s); and/or
- Marriage certificate of account owner and heir(s), if applicable.

Documentation by Property Type

In addition to the above requirements, the following documentation, as well as other documents which may be required to substantiate the claim, must be submitted according to the type of unclaimed property.

Savings or Checking Accounts

Required documentation:

- Account statement;
- Bank passbook; or
- Correspondence listing account numbers.

If the passbook or account statement is unavailable, claimants are required to show proof of residence at the address shown on the account as reported to the State Controller.

Stock, Dividends, Bonds or Debentures

Required documentation:

- Original stock certificate;
- Original dividend check;
- Original bond;
- Original debenture; or
- Account statement.

If the original certificate is not available, the State Controller may allow payment based upon other documentation submitted by the claimant, such as verification of occupancy at the registered address, proof of purchase, or cashing or evidence of a dividend check. If warranted, the State Controller may require a lost instrument bond from the claimant.

Note: Submission of a lost instrument bond only is not considered sufficient proof of ownership.

California's Unclaimed Property Law requires the State Controller to sell securities within two years of delivery to the State Controller's Office. If a claimant's securities have been sold, the claimant will receive the market value of the securities received at the time of sale, plus interest in the amount of 5% per annum or the State's Pooled Money Investment Rate, whichever is lower, from the date of the sale to the date the property is returned to the claimant.

Note: The State Controller's Office is not authorized to buy back the claimant's shares nor will it make up the difference in sale proceeds in the event the stock was sold below current market value. The State Controller is required to sell stock within the statutory period of two years (Code of Civil Procedure Section 1563).

Life Insurance Accounts

Required documentation:

- Insurance policy; or
- Insurance statement.

If the items above are not available, claimants are required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller.

Escrow Accounts

The Buyer's/Seller's closing statement is required documentation.

If the statement is not available, the claimant is required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller.

If the account shows both buyer and seller, the escrow agreement must be provided in order to identify the proper owner.

Negotiable Instruments, Certified Checks, Money Orders, or Travelers Checks

Required documentation: the original negotiable instrument.

If the original instrument is unavailable, the State Controller is not able to honor the claim.

Safe Deposit Box Contents

Required documentation:

- Account statement; or
- Safe deposit box key.

If the items above are not available, proof of residence or occupancy at the address shown on the account is required. If proof of residence is not available or if the reporting agency did not report an account owner's last known address, evidence must be submitted proving an association with the reporting agency.

California's Unclaimed Property Law requires the State Controller to sell the contents of safe deposit boxes if the contents appear to have monetary value; all other safe deposit box contents (e.g., wills, statements, letters, deeds) are destroyed. Proceeds from the sale are used to satisfy any bank liens. Remaining proceeds are credited to the owner's account until a claim is presented. The sale proceeds earn interest at the State's Pooled Money Investment Rate or at 5%, whichever is lower. In the event that the contents of a safe deposit box are not sold and a claim is presented, the State Controller, upon proof of ownership, will return the property by insured/registered mail after the claimant pays any liens on the safe deposit

box. The payment for the lien is made to the State Controller, which forwards it to the bank.

Business Accounts

Business accounts such as vendor checks, accounts receivable credit balances, or rebates can be claimed by providing:

- Account statement verifying the relationship between the claimant and the company;
- Credit memo; or
- Other correspondence or documentation supporting the claim.

Corporation/Business Entity/Partnership

Business accounts such as vendor checks, accounts receivable credit balances, or rebates can be claimed by providing:

- Evidence that the corporation is in good standing with the Secretary of State's Office (a statement of corporate standing can be obtained from the Business Programs Division, Business Filing Section, Secretary of State's Office, 1500 Eleventh Street, Sacramento, CA 95814); and
- Tax return; and
- Letterhead or a business card for an authorized officer of the agency, and if dissolved or merged, evidence of all mergers, which may include partnership agreements, copies of merger/articles of incorporation, and dissolution and wind-up documents; and
- Final tax return showing assets were distributed.

If the items above are not available, claimants are required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller. Other documents may be required to establish proof of ownership.

Governmental Agency Accounts

Business accounts such as vendor checks or accounts receivable credit balances can be claimed by providing:

- Letterhead or a business card for an authorized officer of the agency.
- Copy of document verifying Federal Tax Identification number.

Other documents may be required if the account is in the name of more than one owner.

Miscellaneous Accounts

Other types of accounts can be claimed by providing documentation associating the owner with the account. If proof of residence/occupancy or last known address is not available, documentation associating the claimant with the reporting agency must be submitted.

Deceased Owners

If the owner of the account is deceased and an heir or administrator of the estate is claiming the property, the State Controller requires the claimant to provide the death certificate for the deceased owner, plus one of the following documents or groups of documents:

- Copies of currently certified letters, dated within 6 months, appointing the executor or administrator of the decedent's estate and assigning the estate tax identification number;
- Copy of the court-ordered distribution of the decedent's estate;
- If the estate was valued at less than \$100,000 and was not probated or distributed by the courts, a copy of the decedent's will and/or trust agreement, along with a completed Declaration Under Probate Code Section 13101 form (see Appendix A-3);
- Table of Heirship form (see Appendix A-4); or
- If the estate or owner's account was valued at more than \$100,000, a copy of the final decree of distribution; or
- Community property confirmation order under Probate Code Section 13656; or
- Trustee certificate under Probate Code Section 18100.5.

If the certified letter, court-ordered distribution, or decedent's will is not available, the claimant may be required to complete a certification of non-probate and submit a declaration form, along with a Table of Heirship form indicating the lines of succession (see Appendices A-3 and A-4).

Multiple Owners

If there are three or more owners on an account, the State Controller requires the signatures of all owners. Since the claim form has only two signature blocks, make a copy of the Claim Form/Affirmation section (see back of Appendix A-2). Submit this additional section with the claim and appropriate documentation.

Incomplete Claim Package

The State Controller will return any claim package that does not contain documentation adequate to prove ownership. The file may be resubmitted by the claimant when the necessary supporting documentation has been obtained.

Claim Consideration

The State Controller's Office will consider a claim within ninety (90) days of receipt. If the claim is denied in whole or in part, the claimant will be provided with a written notification of the denial.

Right to Claim Property From Holder

If a claimant is unable to prove a claim with the State Controller, the claimant can attempt to substantiate the claim with the institution that turned over the account (the holder). If the holder pays the claimant, the holder will be reimbursed by the State Controller for the exact amount that was paid to the claimant by filing a Holder's Claim For Reimbursement form (see Appendix A-5).

Report of Interest Income

The State Controller will add to the amount of any claim paid interest at the rate of 5% compounded annually or at the current interest rate received upon deposits held in the State's Pooled Money Investment Account, whichever is lower, for the period the property was on deposit in the Unclaimed Property Fund. In addition, the State Controller is required by law to issue a 1099 statement indicating the amount of interest paid to an owner of the unclaimed property.

The 1099 statement is filed with the Internal Revenue Service and the California Franchise Tax Board. The State Controller's Office issues 1099 statements once a year, during the month of January. This statement reports the amount of interest that the State Controller paid to a claimant in the tax year that the unclaimed property account was paid. Questions related to this document may be directed to the California State Controller's Office, P. O. Box 942850, Sacramento, CA 94250, or can be asked of a tax preparer. When filing state and federal income tax returns, this income must be reported.

If the holder pays a claimant and is reimbursed by the State Controller, the holder is responsible for issuing the 1099 statement.

Asset Recovery Agreements

Asset recovery agreements submitted by organizations, private investigators, attorneys, heir finders, and other individuals or entities are required to be in compliance with Code of Civil Procedures Section 1582. Section 1582 provides as follows:

No agreement to locate, deliver, recover, or assist in the recovery of property reported under Section 1530, entered into between the date a report is filed under subdivision (d) of Section 1530 and the date of publication of notice under Section 1531 is valid. Such an agreement made after publication of notice is valid if the fee or compensation agreed upon is not in excess of 10 percent of the recoverable property and the agreement is in writing and signed by the owner after disclosure in the agreement of the nature and value of the property and the name and address of the person or entity in possession of the property. Nothing in this section shall be construed to prevent an owner from asserting, at any time, that any agreement to locate property is based upon an excessive or unjust consideration.

Notwithstanding any other provision of law, records of the Controller's office pertaining to unclaimed property are not available for public inspection or copying until after publication of notice of the property or, if publication of notice of the property is not required, until one year after delivery of the property to the Controller.

If the State Controller's Office determines that a submitted asset recovery agreement does not comply with Civil Code of Procedures Section 1582, it will not process claims filed under that agreement.

Appendices

EFT DEBIT REF. NO: _____ HOLDER TYPE CODE: _____ REMITTANCE TYPE: _____
[SCO USE ONLY]

ANNUAL REPORT OF UNCLAIMED PERSONAL PROPERTY

BUSINESS YEAR END ____/____/____

REPORT DUE BEFORE: 11/01/1999

A. EMPLOYER IDENTIFICATION NO. ____ - _____ BRANCH NO. _____

B. NAME OF HOLDER: _____
STREET ADDRESS: _____
P.O. BOX NUMBER: _____
CITY: _____ STATE: _____ ZIP: _____ - _____ COUNTRY: _____

ADDRESS INQUIRIES ON THIS REPORT TO:

NAME: _____ TITLE: _____ PHONE NO. ____ - ____ - ____ EXT. _____

C. THE FOREGOING ADDRESS IS THAT OF: MAIN OFFICE # _____ BRANCH # _____
IF INCORPORATION, STATE OF INC: _____ DATE OF INC.: ____/____/____

D. TOTAL FOR ACCOUNTS:	\$50.00 AND OVER	\$ _____.
	\$50.00 AND OVER WITHOUT NAMES	\$ _____.
	\$49.99 AND UNDER	\$ _____.
	GRAND TOTAL	\$ _____.
	TOTAL SHARES	_____

E. TYPE OF ORGANIZATION SIC CODE: _____
(FINANCIAL INSTITUTIONS, CHECK ONE AND PLEASE SUPPLY THE CHARTER DATE)
FEDERAL: ____ DATE: ____/____/____ STATE: ____ DATE ____/____/____

F. IF YOU ARE THE SUCCESSOR TO A PREVIOUS HOLDER OF PROPERTY, OR IF YOU HAVE CHANGED YOUR NAME, PLEASE LIST SUCH PRIOR NAME BELOW:

G. IF YOU ARE REPORTING FOR A HOLDER OF UNCLAIMED PROPERTY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

REPORTING AGENCY: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____ - _____ COUNTRY: _____

H. VERIFICATION: If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (Section 1530 (e) CCP).

The undersigned, _____ declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, the following sheets contain a full, true and complete report of unclaimed property which is presumed unclaimed under the provisions of Chapter 7, Title 10, Part 3, Code of Civil Procedures -- commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq.

SIGNATURE: _____ TITLE: _____ DATE: _____

Claim Form



KATHLEEN CONNELL
Controller of the State of California



This is to inform you that, according to our records, you may be entitled to the money, property or the proceeds from any sale of the property listed below.

The California State Controller's Office has a program to return more than \$2.4 billion of unclaimed property value to rightful owners or heirs. Unclaimed property turned over to the State primarily consists of money, securities, or tangible property held by businesses or financial institutions for more than three years without owner contact. California law requires businesses to transfer such property to the state at the close of the dormancy period.

You may claim this property or the proceeds thereof by completing the reverse side of this form. In addition, you must provide a copy of your driver's license that shows your current address and some form of verification of your social security number, such as a copy of your social security card or a tax return showing your name and social security number. If you do not have all of the items required, please send as much information as possible to prove this claim. If you are an heir, not a direct owner, provide a certified copy of the owner's Death Certificate and Will or a Final Decree of Distribution. Send these documents to:

Once your completed claim form and associated documentation are received, your property or proceeds from the sale of the property should be returned to you within 90 days. If there will be a delay in the payment, you will be notified.

For further information, please write to the address above. California residents may call the Bureau of Unclaimed Property at (800) 992-4647; the number for out-of-state callers is (916) 323-2827.

Type of Property:

Amount Reported:

Reported By:

Owner's Name:

Reported Address:

Reference:

CLAIM FORM / AFFIRMATION

Each of the undersigned claimants certifies under penalty of perjury: That claimant has read the claim and knows the contents thereof; that claimant is the owner of the said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers and employees from any loss resulting from the payment of said claim. **EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.**

FIRST NAME (Print)	MIDDLE (Print)	LAST (Print)	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	SIGNATURE		DATE	
FIRST NAME (Print)	MIDDLE (Print)	LAST (Print)	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	SIGNATURE		DATE	

YOUR SIGNATURE (S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS OVER \$1,000.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public in and for the County

of _____, State of _____

PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Bureau to inform you that your Social Security Number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by writing: Chief, Bureau of Unclaimed Property, P.O. Box 942850, Sacramento, CA 94250-5873.

ANALYST	SUPERVISOR/MANAGER	ADMINISTRATION
PREPARED BY _____ DATE _____	APPROVED BY _____ DATE _____	APPROVED BY _____ DATE _____
REVIEWED BY _____ DATE _____	APPROVED BY _____ DATE _____	APPROVED BY _____ DATE _____
1 2 3 4 5	6 7 8 9	10 11 12

DECLARATION UNDER PROBATE CODE SECTION 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That _____ *[Name of Decedent]*, hereinafter "Decedent," died in the City of _____, County of _____, State of _____ on _____, 19_____.
2. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
3. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
4. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
5. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (\$100,000).
6. The property of Decedent which is to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is:

7. CHECK ONE OF THE FOLLOWING and, if applicable, FILL IN BLANK:

_____ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property. *[e.g., beneficiary of Decedent's will or, where Decedent left no will, the surviving spouse, child, grandchild, parent, brother or sister, niece or nephew, grandparent, aunt or uncle, cousin, etc.]*

_____ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property. *[e.g., guardian or conservator of Decedent's estate, trustee of Decedent's trust, custodian of Decedent's will or personal representative of beneficiary(ies).]*
The name(s) of the successor(s) of the Decedent is/are :

8. No other person has a superior right to the interest of the Decedent in the described property.
9. The declarants request that the described property be paid, delivered, or transferred to the declarants.
10. The declarants declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____ at _____.

Signature

Name *[Print or Type]*

Signature

Name *[Print or Type]*

Signature

Name *[Print or Type]*

*Please note: This form must be completed in full and notarized.

Property ID # _____

Table of Heirship for _____, Deceased

Date of Death: _____

	FIRST	MIDDLE	(MAIDEN)	LAST	Date of Birth Death	
1. Spouse of the Deceased	3rd					
	2nd					
	1st					
2. Children of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
	6th					
3. Grandchildren of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
4. Parents of the Deceased	Father:					
	Mother:					
5. Brothers and Sisters of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
6. Children of the Deceased Brothers and Sisters	1st					
	2nd					
	3rd					
	4th					
	5th					

The undersigned claimant, being duly sworn certifies under penalty of perjury that the above information is true and correct to the best of his or her knowledge, and that said claimant has full authority to act on behalf of the other claimants for the purpose of completing the above information.

PLEASE PRINT FULL NAME

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME TELEPHONE NUMBER

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public in and for the County
of _____, State of _____

HOLDER'S CLAIM FOR REIMBURSEMENT

Mail to: KATHLEEN CONNELL
CONTROLLER OF CALIFORNIA
BUREAU OF UNCLAIMED PROPERTY
P O BOX 942850
SACRAMENTO, CA 94250-5873

FOR SCO USE ONLY

Inq # _____
C/A # _____
Deposit Date _____
Deposit # _____
Amount \$ _____
Resr. _____ Date _____

ACCOUNT INFORMATION

Report Date: _____

(This is the date on the UFS-1 Report Form)

Owner's Name: _____

Account Type: _____

(Savings, Checking, Cashier's Check, etc.....)

Owner's Account/ID: _____

Amount: \$ _____ Stock: _____

Please include interest as provided by Sec. 1540 (c) (d) CCP if applicable.

**ENCLOSED IS A COPY OF OUR UFS-1 AND A COPY OF THE PAGE IN OUR
REPORT SHOWING THE OWNER'S ACCOUNT**

FOR BANK'S OR FINANCIAL INSTITUTION'S USE ONLY
NOT FOR OWNER'S INFORMATION

Send Reimbursement Check to:

Holder's Name: _____

Holder's Address: _____

Attention: _____

If you have any questions, please call:

Holder's Representative: _____

Representative's Title: _____

Representative's Phone: _____

**(NOTE TO HOLDER: Please send one of these forms for each account for which you are
requesting reimbursement. Enclosing a copy of your UFS-1 and the page from your
report which lists the owner's account will expedite your reimbursement.)**

**State Controller's Office
Division of Collections
Bureau of Unclaimed Property
P.O. Box 942850
Sacramento, California 94250-5873
(916) 445-8318**

<http://www.sco.ca.gov>